

DATE:

SUBJECT: Cancellation of Annual Leave for (name of employee)

TO: **ARS SEND TO:** your Area Director, Division Director in AFM, or other Management Official reporting directly to the Administrator.

ERS, CSREES, & NASS SEND TO: your Agency Administrator

THROUGH: if needed by your office

FROM: (Supervisor's name and title)

Due to (select the correct reason: Public Exigency, Employee Sickness, Administrative Error or Employee Essential in a National Emergency), it was necessary to cancel the leave for (Name of Employee). I am requesting that the leave be officially cancelled.

NOTE: Public Exigency: Only an exigency of major importance will support the cancellation of employees' annual leave (e.g., critical work assignments that cannot be postponed or performed by other employees). Supervisors must document that there were no reasonable alternatives to canceling the leave. Please be specific about the work, illness or administrative error which caused the cancellation of leave during the time requested.

Additional Information follows:

Employee Name:

Title/Grade:

Social Security Number:

Duty Station Address:

Internet Address:

Dates Leave was approved and then requested for official cancellation: (List all days leave was scheduled and then had to be disapproved.)

Number of Hours Requested to be Officially Cancelled:

Timekeepers Name:

Timekeepers Phone Number:

Timekeepers Internet Address:

Name person who can provide further information if needed:

Phone Number:

Internet Address

Enclosure/s:

SF-71, Request for Leave or Approved Absence (not needed for requests processed in WebTA)